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**FACSIMILE TRANSMISSION COVER SHEET**

Date: July 13, 2004

To: United States Patent and Trademark Office  
Examiner: Pan, Daniel H.; Art Unit: 2183

Fax: (703) 872-9306

Re: Application Serial No.: 09/829,823  
Filing Date: 4/10/2001; First Named Inventor: Sameer I Bidichandani  
Attorney Docket No.: 00CON104P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 20

Message:

Enclosed please find the Amendment Cover Sheet and Response to the Non-Final Office Action dated April 16, 2004.

Thank you.

**BEST AVAILABLE COPY**

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Attorney Docket No.: 00CON104P

**AMENDMENT COVER SHEET**IN RE APPLICATION OF: Bidichandani, et al.SERIAL NO.: 09/829,823 FILED: April 10, 2001FOR: Method for Reducing Power When Fetching Instructions in a Processor and Related ApparatusHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- No additional fee is required.  
 The fee has been calculated as shown below:

EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

- TOTAL EXTENSION FEE \$ 0.00  
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	32	MINUS **32	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

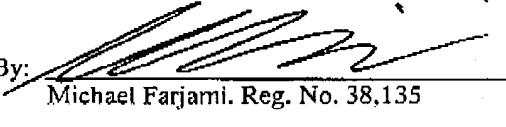
- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 00CON104P

- Total fee for Supplemental Information Disclosure Statement \$
- Enclosed is the total fee of \$ 00.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- Please charge Deposit Account No. 50-0731 in the amount of \$
- The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 7/13/04

By:

  
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

7-13-04  
DateSusan Hanson  
SignatureSusan Hanson  
Name of Person Performing Facsimile Transmission

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